

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

• 01-348
Mark A. Balkin

Suite 300
Metairie, LA 70005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
DEC 16 2002

C. Signature

X *Elisi Amuth*☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4 Restricted Delivery? (Extra Fee)

☐ Yes

2 Article Number (Copy from service label)

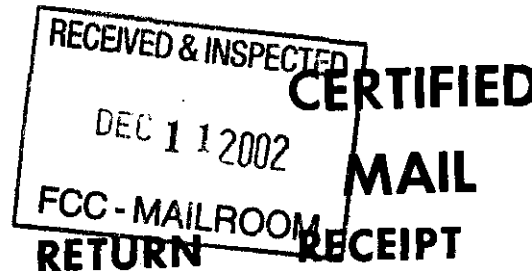
0033 0771 2733

PS Form 3811, July 1999

Domestic Return Receipt

10258500-M-0952

DOCKET NO. 01-348



ORDER DATED
12-6-02
FCC DAM-109
MIMEOGRAPH NO.

REQUESTED

NAME: Mark A. Balkin
Hardy, Carey & Chautin, L.L.P.
110 Veterans Boulevard
Suite 300
Metairie, LA 70005

C. R. R. NO.

BY _____

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 37

Certified Fee 2.30

Return Receipt Fee
(Endorsement Required) 1.75Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 4.42

Name (Please Print Clearly) (to be completed by mailer)

MARK A. BALKIN

Street, Apt. No., or PO Box No.

110 VETERANS BOULEVARD Suite 300

City, State, ZIP+4

METAIRIE, LA 70005

PS Form 3800, July 1999

See Reverse for Instructions